



**ARKANSAS BETTER CHANCE
&
ARKANSAS BETTER CHANCE FOR SCHOOL SUCCESS**

**2005-2006
REQUEST FOR APPLICATIONS (RFA)**

Issue Date:

TABLE OF CONTENTS

IMPORTANT! Read all instructions before completing application.

Section 1 -- General Requirements and Program Information

- 1.1 Background Information
- 1.2 Arkansas Better Chance Program Funding
- 1.3 Program/Agency Eligibility
- 1.4 Child Eligibility1.5 Contract Period
- 1.6 Renewal of Grant
- 1.7 Questions
- 1.8 Application Deadline
- 1.9 Schedule of Events

Section 2 – Application Requirements

- 2.1 Application Format
- 2.2 Application Content
 - 2.2.1 Application Cover Sheet
 - 2.2.2 Statement of Assurances
 - 2.2.3 Contract and Grant Disclosure Form
 - 2.2.4 Program Abstract
 - 2.2.5 Individual Site Information
 - 2.2.6 Daily Schedule
 - 2.2.7 Curriculum Plan
 - 2.2.8 Screening Plan
 - 2.2.9 Staff Qualifications
 - 2.2.10 Staff Training/Professional Development
 - 2.2.11 Classroom Size and Staff/Pupil Ratio
 - 2.2.12 Parent Involvement Activities
 - 2.2.13 Community Involvement and Transition Activities
 - 2.2.14 Collaboration Partnership Agreement
 - 2.2.15 Additional Information
 - 2.2.16 Budget Justification / Budget

Section 3 – Application Selection and Evaluation

- 3.1 Application Review and Evaluation
- 3.2 Selection Criteria
- 3.3 Program Reporting
- 3.4 ABC Program Evaluation

Section 4 – Application Attachments

- Attachment A: Application Cover Sheet
- Attachment B: Statement of Assurances
- Attachment C: Contract and Grant Disclosure Certification Form
- Attachment D: W-9 (Request for Taxpayer Identification Number and Certification)
- Attachment E: Individual Site Information
- Attachment F: Staff Qualifications
- Attachment G: Core Quality Budget Models
- Attachment H: ABC Proposed Budget Sheets
- Attachment I: Proposed Budget Justification/Match Justification
- Attachment J: How to Calculate Maximum State Portion of ABC Funding
- Attachment K: Examples of Match Items
- Attachment L: 2005 Poverty Income Guidelines
- Attachment M: Sample Collaborative Partnership Agreement

SECTION 1 GENERAL REQUIREMENTS AND PROGRAM INFORMATION

1.1 BACKGROUND INFORMATION

Through the Arkansas Better Chance (ABC) program, the Division of Child Care and Early Childhood Education (DCCECE) encourages the development of early childhood education programs to help educationally deprived children develop intellectually, physically, socially and emotionally in order to be prepared for kindergarten. This program is funded under Acts 212 of 1991, 1132 of 1997, Act 49 of 2004 and applicable legislation from the 85th General Assembly.

1.2 ARKANSAS BETTER CHANCE PROGRAM FUNDING

Grants are contingent upon appropriation, State Board of Education approval and the availability of funds. **The issuance of this RFA does not imply an availability of funds.** If funds are available, the maximum funding per child will be as follows:

- ? \$4,400 for a center-based classroom with a P-4 or K-6 certified teacher
- ? \$4,100 for a center-based classroom with a teacher holding an AA degree in early childhood
- ? \$1,556 for home-visiting programs

Actual funding will depend upon a specific program's configuration. An ABC budget should include the core quality elements listed in Attachment G. Funds provided shall be used exclusively for the proposed program. Upon approval, quarterly payments will be made to a program based on actual enrollment. Programs with at least 80% enrollment will receive the maximum quarterly payment. Otherwise, payments will be reduced on a per child basis.

1.3 PROGRAM/AGENCY ELIGIBILITY

Any early childhood agency within the boundaries of Arkansas meeting the criteria below is eligible to apply for funding:

- ? Has a satisfactory licensing history or is eligible to be licensed as a Center or Child Care Family Home.
- ? Has obtained or is eligible to obtain State Quality Approval accreditation in all space to be used for ABC.
- ? Can provide matching funds in accordance to the local-to-state match funding ratio of 40:60.

Licensing and Quality records will be verified. Applicants may plan collaborative programs with other early childhood agencies. In this case, one agency will be designated as the grantee with the responsibility of program administration.

1.4 CHILD ELIGIBILITY CRITERIA

There are two categories of eligibility under which a child may qualify: (1) **Arkansas Better Chance** and (2) **Arkansas Better Chance for School Success**. The **Arkansas Better Chance** program serves children from birth through age 5 that have **at least one** of the following characteristics:

1. Gross family income ? 200% of the Federal Poverty Level
2. Parent(s) without a high school diploma or GED.
3. Low birth weight (below 5 pounds, 9 ounces).
4. Parent is a teen at child's birth.
6. Income eligible for Title I programs.
7. Eligible under the Individuals with Disabilities Education Act
8. Child/family has a history of abuse or neglect
9. A developmental delay identified through screening

1.5 CONTRACT PERIOD

Upon approval, contracts will be awarded from July 1, 2005 through June 30, 2006 and must be renewed annually.

1.6 RENEWALS AND EXPANSIONS

A currently funded program requesting no additional slots or having no program changes need only submit the following:

1. Application Cover Sheet (Attachment A)
2. Statement of Assurances (Attachment B)
3. Contract and Grant Disclosure Form (Attachment C)
4. Program Abstract
5. Collaboration Partnership Agreement/Letters of Support
6. Budget Justification/Budget (Attachments H and I).

Renewal applications will not be scored; however, program reviews and monitoring reports shall be examined to determine if renewals are approved. If there are any changes to a program from the previous year, the grantee is required to also submit the application requirements stated in Section 2 which have changed.

Renewal programs requesting expansion slots must compete with new applications for the additional slots. A full application is required and shall be scored with all new applications.

1.7 QUESTIONS

All questions and requests for clarification should be addressed to the RFA Issuing Officer:

Paul Lazenby, ABC Program Administrator
P.O. Box 1437, Slot S-160
Little Rock, AR 72203
Office (501) 682-8587 ~~Fax~~ (501) 683-0971 ~~E-mail~~: pwlazenby@arkansas.gov

Questions should be submitted by mail, fax or e-mail and received no later than the date in Section 1.9. The Issuing Officer will post responses on the ABC website, www.arkansas.gov/childcare, no later than the date in Section 1.9.

1.8 APPLICATION DEADLINE

First round applications must be received no later than 4:00 P.M. on May 2, 2005. Second round applications are due June 13, 2005 at 4:00 p.m. Mail or deliver two (2) copies– both with original signatures– of each application to the DCCECE Issuing Officer at one of the addresses below:

Overnight/Hand Delivery: 700 Main Street, Room 1101
Little Rock, AR 72203

Mail: P.O. Box 1437, Slot S-160
Little Rock, AR 72203

1.9 SCHEDULE OF EVENTS

SECTION 2 APPLICATION REQUIREMENTS

2.1 APPLICATION FORMAT

- ? Type the application using a computer or typewriter. No handwritten applications.
- ? Mail or deliver your applications. Electronic or faxed copies cannot be accepted.
- ? Provide original signatures on BOTH copies of the application you submit.
- ? Where indicated, use the attachments provided. You may use your own paper for all other sections.
- ? Each section of your application must be clearly separated and numbered.
- ? Text should only appear on one side of the paper. No two-sided copies.
- ? Bind the application using a staple or binder clip. Programs submitting applications for multiple sites (more than six) should place each application in a three-ring binder.
- ? Due to variations in programming and funding, you must complete SEPARATE applications if you are applying for both center-based AND home-visiting based slots. Each application will be scored separately.

2.2 APPLICATION CONTENT

The application MUST be arranged and submitted in the following order:

- | | |
|--|---|
| 1. Application Cover Sheet (Use Attachment A) | 11. Staff Training/Professional Development |
| 2. Statement of Assurances (Use Attachment B) | 12. Staffing Patterns |
| 3. Contract and Grant Disclosure Form (Use Attachment C) | 13. Classroom Size and Staff/Child Ratio |
| 4. W-9 (Use Attachment D) | 14. Parent Involvement |
| 5. Program Abstract | 15. Community Involvement |
| 6. Individual Site Information (Use Attachment E) | 16. Transition Activities |
| 7. Daily Schedule | 17. Collaborative Partnership Agreements/Support Letters |
| 8. Curriculum Plan | 18. Additional Information |
| 9. Assessment/Screening Plan | 19. Budget Justification / Budget (Use Attachments H and I) |
| 10. Staff Qualifications (Use Attachment F) | |

2.2.1 Application Cover Sheet (Attachment A)

School districts must have the superintendent or school board president sign as the authorized official. Otherwise, it must be signed by an agency official authorized to enter into contracts and approve program budgets.

2.2.2 Statement of Assurances (Attachment B)


2.2.3 Contract and Grant Disclosure Form (Attachment C) and W-9 (Attachment D)

2.2.4 Program Abstract (Maximum of 3 pages, double-spaced)

The abstract should be a narrative synopsis describing the proposed program and should address:

- a. The overall objectives and goals of the program
- b. Justification for the proposed program AT EACH SITE using demographic information. If you are a current program with less than 100% enrollment, you must justify retaining all of your renewal slots.
- c. Program history

Center-based programs must complete the table showing how each classroom will be configured by type of teacher and number of children. Staffing patterns must conform to the following guidelines:

Number of Each Staff Required 		BA/P4 Teacher	AA Teacher	AA/CDA Paraprof
Number of Classrooms (20 students each)	1	1	0	1
	2	1	1	2
	3	1	2	3
	4	2	2	4
	5	2	3	5
	6	2	4	6
	7	2	5	7
	8	3	5	8
	9	3	6	9
	10	3	7	10

2.2.6 Daily Schedule

Provide the proposed daily ABC schedule. ABC programs must operate a minimum of seven hours per day (7½ for staff) for 178 days per year. *Each child must attend five days per week.* Home-visiting programs should include a schedule appropriate for delivery of home visiting services to a family. Describe your planned outdoor activities.

2.2.7 Curriculum Plan

Indicate the specific curriculum model to be used. Curriculum must be on the approved list from DCC-ECE and must include learning centers with a substantial part (1/3) of the day allowing for free choice activities. If the program design is home-visiting, describe the activities and curriculum to be used with families and children.

2.2.8 Screening Plan

Describe the process used to ensure all children receive a health screening and a developmental screening. Discuss the process in place to ensure that families without health coverage are aware and have materials to apply for AR Kids A & B. Health Screenings must include height and weight measurements.

2.2.9 Staff Qualifications (Attachment F)

- ? The lead teacher MUST hold a bachelor's degree or higher in early childhood education, elementary education, special education or Family and Consumer Science **AND** hold a valid Arkansas P-4 or K-6 teacher license.
- ? For multiple classroom sites, the teacher of the second classroom shall hold, at a minimum, an associate degree

2.2.11 Classroom Size and Staff-Child Ratio

Indicate how the program will adhere to the group size restriction in any classroom with ABC children– the lesser of licensing capacity OR...

- ? 8 children for ages birth-18 mos.
- ? 14 children for ages 18 months to 3 yrs.
- ? 20 children ages 3 to 5 yrs.

Indicate how the program will adhere to the staff-child ratio requirements of:

- ? 1:4 for birth to 18 mos.
- ? 1:7 for ages 18 months-3 yrs.
- ? 1:10 for ages 3 years-5 yrs.

2.2.12 Parent Involvement Activities

All parental involvement activities should be listed and an explanation of how the activity engages parents in their child's learning must be discussed. A minimum of two (2) parent/teacher conferences must be offered in order for staff to share information concerning the child's progress.

2.2.13 Community Involvement and Transition Activities

Describe any activities designed to encourage community involvement and engagement. Also describe the plan to provide a smooth transition for children from your ABC program into kindergarten.

2.2.14 Collaboration Partnership Agreement

Include a partnership agreement that lists agencies with which you will be working to serve ABC children, describes how collaborative efforts will benefit ABC children and plans for service referrals. The agreement should be signed by all parties. A sample of an agreement is included as Attachment M. This agreement is preferable over letters of support. However, in lieu of an agreement, you may choose to provide three (3) letters of support specifying what support is being provided. Two (2) of the letters must be from members of your local early childhood education community. Non school-based applicants must include a letter of support from the local school district regarding partnerships to ensure smooth transitions for children into kindergarten.

2.2.15 Additional Information Include all of the following information for each site:

- ? Schematic of Classrooms/Outdoor Area – Include where equipment/learning centers are located.
- ? Program Calendar – Include the program's beginning and ending dates, holidays and specific breaks.
- ? Parent Handbook - Submit a copy of the program policies given to parents when a child is enrolled into the preschool program. Indicate if the same handbook is used for all sites. Send 2 copies of the handbook.
- ? Map or directions to program site

2.2.16 Budget & Justification (Attachments H and I)

Read the following budget requirements carefully.

- ? Budget amounts must coincide with the amounts listed in the Core Quality Models (Attachment G).
- ? Match sources must be detailed ("IN KIND" is not sufficient). Examples of match are found in Attachment K.
- ? A justification must be given in Attachment I for each line item for which ABC funds are requested.
- ? Non-compliance with guidelines will result in program termination or non-renewal of funding.

SALARIES/FRINGE

Competitive salary packages are an essential element in recruiting and retaining quality education professionals for your ABC program. Agencies responsible for quality early childhood programs should be leaders when it comes to ensuring the teachers of our preschool children are paid commensurately with their education, experience and value to the program. DCCECE has developed these 2005-2006 salary and benefit guidelines for all ABC programs, including school districts. If your program or district chooses to pay less than the recommended guidelines, you may still participate in ABCSS but must follow certain restrictions.

1. If your teacher and/or paraprofessional salaries are less than the range prescribed in the Core Quality Model, those salaries must be paid 100% with state portion of ABC Funds. NO MATCH IS ALLOWED.
2. Any salary below the core quality range this year must show **at least a 5% annual increase** in 2006-2007.
3. You may use match for administrative support salary, substitute pay and fringe benefits.
4. A minimum of 25% of salary amount must be budgeted for fringe. If classroom staff is not covered by a group health insurance plan, **you must use fringe to purchase a private plan**.
5. You may supplement staff salaries with a stipend placed in a separate line item.
6. Verification of salary and benefit payments must be included in your financial reports. Amounts will be monitored and verified by DCCECE.

ADMINISTRATIVE COSTS

1. The maximum allowable cost for rent is \$350 per child per year.
2. Programs that purchased a computer in 2004-2005 may not use ABC funds to buy a computer.
3. The fee for internet service may be budgeted. **DSL or cable internet is strongly recommended**.
4. A maximum of \$400 is allowed for the purchase of one (1) digital camera per 20 children for the purpose of utilizing the portfolio component of Work Sampling Online or otherwise documenting classroom activity.

PROGRAMMING

1. You may choose to use 100% match for meals/nutrition.

SECTION 3 APPLICATION SELECTION AND EVALUATION

3.1 APPLICATION REVIEW AND EVALUATION

DCCECE is responsible for the application process and will submit proposals recommended for funding to the State Board of Education for final approval. Two ABC staff will review and score the budget and justification. Two early childhood professionals will review the remainder of the proposal and score accordingly. Each application shall be scored using the following weights:

- ? 40 points – Program Quality and Developmental Appropriateness
- ? 20 points – Collaboration Strategy with local education, early childhood and other civic entities
- ? 15 points – Parental Involvement Plan
- ? 25 points – Fiscally-Responsible Budget which correlates to core quality components

Averages will be taken of each set of readers' scores then added together for a final grant score. In cases where there is more than a 25% variance in the readers' scoring of an application, a Division administrator will score the application and that score shall replace the lowest reader score. **A proposal must score a minimum of 70 points to be considered eligible for funding under the criteria in 3.1.** A grant score may not be appealed. Upon request, applicants may receive a copy of the score sheets used to rank their application.

3.2 SELECTION CRITERIA

After an application has been approved, Act 49 of 2003 requires that actual grants be awarded based on a determination of the following priority funding considerations:

- ? Areas wherein a school has ? 75% of students scoring below proficiency on primary benchmark exams (math and literacy) in the preceding 2 school years OR
- ? Areas wherein a school is designated as being in school improvement status OR
- ? An area wherein a school is located in a school district in academic distress.

After funding priority areas, grants from non-priority areas will be funded in order of descending grant score and area need, contingent upon availability of funds.

3.3 ABC PROGRAM REPORTING

Programs are required to provide periodic fiscal, enrollment and staff reports. Two (2) expenditure reports will be required– due by January 16, 2006 and July 17, 2006. These reports will include a budget sheet AND copies of all receipts and check registers for ABC expenditures. All expense documentation– including that of salary and benefit payments– must be included in these reports and must state clearly the nature of the expense. If you are required to retain original receipts for internal auditing purposes, you must make copies of receipts for the ABC reports. Payments or renewals may be withheld if reports are not received. Any disallowed expenditure may be deducted from future funding or recovered through a repayment agreement with the DCCECE Compliance Unit.

In addition to expenditure reports, programs receiving over \$100,000 per year in state funding are required, by statute, to

**2005-2006 ARKANSAS BETTER CHANCE PROGRAM
APPLICATION COVER SHEET (Attachment A)**

Most attachments may be completed on your computer by clicking on each box or space.

IS THIS A RENEWAL APPLICATION?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IF YES, ARE YOU REQUESTING EXPANSION SLOTS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

AGENCY _____

ADDRESS _____

CITY _____ ZIP _____ COUNTY _____

MAIN OFFICE CONTACT PERSON(S): _____

TELEPHONE NO. _____ FAX NO. _____

E-MAIL ADDRESS _____

If you are applying for Center AND Home-Visiting Based slots, a separate application is required.

	CENTER-BASED	HOME-VISITING
No. of Renewal Slots (Existing Programs)		
No. of New or Expansion Slots		
Total Slots Requested		

List ALL sites below that will serve ABC Children.

(If you need additional lines, select a row, right-Click and use the Insert Rows command OR attach an additional sheet.)

ABC Site Name	# of ABC Children	# of ABC Classrooms	Counties Site Will Serve	School Districts Site Will Serve

Program's Fiscal Year Beginning and Ending Dates: _____

Is your program audited by Legislative Audit? Yes ☐ No ☐ If no, a copy of your audit is required at the end of the year.

If a joint application, list all agencies involved: _____

**2005-2006 ARKANSAS BETTER CHANCE PROGRAM
STATEMENT OF ASSURANCES (Attachment B)**

1. The applicant has the necessary authority to approve budgets and sign contracts on behalf of the applying agency.
2. The applicant agrees to plan and implement a program in compliance with applicable Arkansas Better Chance legislation and to follow all applicable state and federal statutes and regulations.
3. For programs with center-based children, the grantee agrees to secure and maintain a license for a child care center under the "Child Care Licensing Act", Act 1132 of 1997.
4. Grantee agrees to acquire and maintain state Quality Approval accreditation. Failure to do so will result in termination of ABC funding. Acceptable ECERS scores and satisfactory monitoring evaluations are also a requirement.
5. Grantee understands that any overpayments to the agency may be deducted from future funding or recovered through a repayment agreement with DCCECE.
6. The applicant agrees to keep such records and provide such information to the Arkansas Department of Education and to DCCECE as reasonably as may be required for fiscal auditing and program evaluation. Failure to submit required reports will jeopardize funding.
7. The applicant agrees to use funds provided under Act 1132 of 1997, Act 49 of 2004 to supplement and not to supplant existing funds for early childhood programs.
8. The applicant agrees to participate in an external annual evaluation of the project and a long-term longitudinal study. All reporting and assessments will be accomplished online using Work Sampling and COPA.
9. The applicant agrees to work collaboratively with state Special Education professionals on behalf of any child deemed as requiring special education services. Such collaboration shall include, but is not limited to, providing Special Education staff access to such children at a mutually agreeable time and access to any relevant documentation.
10. The applicant agrees to coordinate its efforts with other early childhood programs and service providers to provide a comprehensive, quality early childhood program. ABC programs offering two years of service shall continue ensured service for second and all succeeding years to any ABC child who continues to meet at least one of the eligibility requirements. Enrolled eligible children shall have absolute placement priority over any new applicants.
11. The applicant agrees to prohibit discrimination and intimidation on account of race, creed, color, sex, disability, or national origin in child selection and employment practices.
12. The activities and services under this proposed program will be administered by or under the supervision of the applicant.
13. If a program is discontinued or no longer funded, materials and equipment purchased with ABC monies must be returned to the Arkansas Department of Education or distributed to another early childhood program approved by DCCECE.
14. Any funds not spent by July 1, 2006 will be deducted from future funding or recovered through a repayment agreement.
15. No regular full-time or part-time employee of any state agency of the State of Arkansas will receive any personal, direct or indirect monetary benefits which would be in violation of the law as a result of the performance of this grant award.
16. The failure of any person or entity to disclose as required under any term of Executive Order 98-04, or the violation of any rule, regulation or policy promulgated by the Department of Finance and Administration to this Order, shall be considered a material breach of the terms of the contract, lease, purchase agreement, or grant and shall subject the party failing to disclose or in violation to all legal remedies available to the Agency under the provisions of existing law.

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM (ABC Attachment C) – NOT REQUIRED FOR SCHOOL DISTRICTS

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SOCIAL SECURITY NUMBER		FEDERAL ID NUMBER		SUBCONTRACTOR:	SUBCONTRACTOR NAME:
TAXPAYER ID #:	----	----	OR	----	Estimated Dollar \$
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
TAXPAYER ID NAME:			IS THIS FOR: <input type="checkbox"/> Goods? <input type="checkbox"/> Services? <input type="checkbox"/> Both?		
YOUR LAST NAME:		FIRST NAME:		M.I.:	
ADDRESS:					
CITY:		STATE:		ZIP CODE:	COUNTRY:

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

F o r I n d i v i d u a l s *

Indicate below if you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee

Position Held	Mark (v)		Name of Position of Job [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☐ **None of the above applies**

F o r a n E n t i t y (B u s i n e s s) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (v)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☐ **None of the above applies**

NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM (ABC Attachment C)

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98 -04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature _____

Title _____

Date _____

Entity Contact Person _____

Title _____

Phone No. _____

AGENCY USE ONLY

Agency
Number _____

Agency
Name _____

Agency Contact
Person _____

Contact
Phone Number _____

Contract or
Grant No. _____

2005-2006 ARKANSAS BETTER CHANCE PROGRAM
W-9 REQUEST FOR TAXPAYER ID (Attachment D)

Instructions:

A completed W-9 (Request for Taxpayer ID) is required as Attachment D.

1. If you received this application by e-mail or on a disk/CD, a copy of a W-9 should also have been attached.
2. If you downloaded this application from the DCC-ECE website, you may obtain a W-9 by performing a separate download from the website www.arkansas.org/childcare.
3. If you are unable to open the form, notify the Division office at 501-682-8587 and a form will be sent to you.
4. You may complete the form on your computer by clicking on the appropriate spaces. Print out the form and insert it here in the application.

2005-2006 ARKANSAS BETTER CHANCE PROGRAM INDIVIDUAL SITE INFORMATION (Attachment E)

DIVISION USE ONLY.

Satisfactory licensing history/Eligible for licensure. Y ☐ N ☐ Met quality approval/Eligible for quality approval? Y ☐ N ☐

If the answer to either of the above questions is "no" this site is ineligible for participation in ABC/ABCSS.

Site Name _____

Site Contact Name and Title _____

Address _____

City _____ Zip _____ County _____

Phone No. _____ Fax No. _____

E-mail Address (REQUIRED) _____

CENTER-BASED PROGRAMS ONLY

Child Care License
Facility Number

Licensing
Capacity

Center Hours of Operations

In the appropriate row indicating the type of classroom teacher, fill in the number of ABC children to be placed in each classroom:

Teacher Credential ↓	Class #1	Class #2	Class #3	Class #4	Class #5	Class #6	Class #7	Class #8	Class #9	Class #10	Total Children at Site
P4 or K6											
AA											

HOME-BASED PROGRAMS ONLY

Location of Administrative Office

List all school districts served by site

FACILITY TYPE and LOCATION (Place an "X" next to the item in each column which applies to your site.)

<input type="checkbox"/>	Public School District
<input type="checkbox"/>	Educational Cooperative
<input type="checkbox"/>	State University
<input type="checkbox"/>	Head Start
<input type="checkbox"/>	Community-based
<input type="checkbox"/>	Faith-based
<input type="checkbox"/>	Home-based
<input type="checkbox"/>	Other (specify):

<input type="checkbox"/>	Located ON a public school campus
<input type="checkbox"/>	Located OFF a public school campus

**2005-2006 ARKANSAS BETTER CHANCE PROGRAM
STAFF QUALIFICATIONS (Attachment F)**

Staff Information	1	2	3	4	5
Name					
Position (Director, Lead Teacher, Classroom Teacher, HBE, Aide)					
How Long Employed					
Start Date					
Current Educational Program					
High School Diploma/GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
College Hours (if no degree)	# of Hours: Area of Study:	# of Hours: Area of Study:	# of Hours: Area of Study:	# of Hours: Area of Study:	# of Hours: Area of Study:
Associate Degree (Specify major.)					
Bachelors Degree (Specify major.)					
Masters Degree (Specify Study Area)					
Additional hours above Masters	# of Hours: Area of Study:	# of Hours: Area of Study:	# of Hours: Area of Study:	# of Hours: Area of Study:	# of Hours: Area of Study:
CDA Credential	<input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date:
Certificate-Vocational Education					
AR State Teachers Certification (Specify the area of certification and expiration date.)	<input type="checkbox"/> Yes <input type="checkbox"/> No Area of Certification: Expiration Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Area of Certification: Expiration Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Area of Certification: Expiration Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Area of Certification: Expiration Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Area of Certification: Expiration Date:
Qualified/Certified to administer developmental screening?	<input type="checkbox"/> Yes <input type="checkbox"/> No Type of Assessment Certification and Date Rec'd:	<input type="checkbox"/> Yes <input type="checkbox"/> No Type of Assessment Certification and Date Rec'd:	<input type="checkbox"/> Yes <input type="checkbox"/> No Type of Assessment Certification and Date Rec'd:	<input type="checkbox"/> Yes <input type="checkbox"/> No Type of Assessment Certification and Date Rec'd:	<input type="checkbox"/> Yes <input type="checkbox"/> No Type of Assessment Certification and Date Rec'd:
Arkansas Professional Development Registry	<input type="checkbox"/> Yes <input type="checkbox"/> No Registry #	<input type="checkbox"/> Yes <input type="checkbox"/> No Registry #	<input type="checkbox"/> Yes <input type="checkbox"/> No Registry #	<input type="checkbox"/> Yes <input type="checkbox"/> No Registry #	<input type="checkbox"/> Yes <input type="checkbox"/> No Registry #
Name of Site Where Staff Member will be located					

**2005-2006 ARKANSAS BETTER CHANCE PROGRAM
CORE QUALITY MODEL
Attachment G**

2005-2006 ABC CORE QUALITY CENTER-BASED MODEL Based on classroom of 20 children				
		State 60% Local Match: 40%	Lead Teacher (P-4 or K-6 certified)	Classroom Teacher (AA Early Childhood)
Well-Qualified and Compensated Staff	Teacher	Salary Range (depending on experience & degree)	\$ 34,000.00 to \$40,000.00	\$ 29,000.00 to \$34,000.00
		25% Fringe Range	\$ 8,500 to \$10,000.00	\$ 7,250 to \$8,500.00
	CDA/AA Paraprofessional	Salary	\$ 16,000.00	\$ 16,000.00
		25% Fringe	\$ 4,000.00	\$ 4,000.00

Professional Development (Divided between 2 classroom staff)		\$ 2,500.00	\$ 4,000.00
Child Assessment (Work Sampling)	\$ 100.00 per child =	\$ 2,000.00	\$ 2,000.00
Developmental Screening	\$ 50.00 per child =	\$ 1,000.00	\$ 1,000.00
Meaningful Parent Engagement	\$ 100.00 per child =	\$ 2,000.00	\$ 2,000.00
Curriculum	\$ 200.00 per child =	\$ 4,000.00	\$ 4,000.00
Administrative Costs	\$ 75.00 per child =	\$ 1,500.00	\$ 1,500.00
Meal/Snack Allowance	\$ 150.00 per child =	\$ 3,000.00	\$ 3,000.00
Transportation	\$ 100.00 per child =	\$ 2,000.00	\$ 2,000.00
Maximum ABC Funding (60% State Portion)		\$ 88,000.00	\$ 82,000.00
Required 40% Match		\$ 58,666.67	\$ 54,666.67
Maximum Total Program Cost (Based on 20 children)		\$ 146,666.67	\$ 136,666.67

Maximum State Cost per child	\$ 4,400.00	\$ 4,100.00
Maximum Total Annual Cost per child	\$ 7,333.33	\$ 6,833.33
Cost per day (178 days per year)	\$ 41.20	\$ 38.39
Cost per hour (7.5 hours per day)	\$ 5.49	\$ 5.12

ANNUAL COST FOR ABC CORE QUALITY HOME-BASED MODEL Based on home-based educator assignment of 27 children			
		State 60% Local Match: 40%	Amount Proposed for 2005-06
Well-Qualified and Compensated Staff	Coordinator	Salary Portion	\$ 6,000.00
		25% Fringe	\$ 1,500.00
	Home-Based Educator	Salary	\$ 16,000.00
		25% Fringe	\$ 4,000.00

Professional Development	\$ 1,000.00 per staff =	\$ 1,000.00
Child Assessment (Work Sampling)	\$ 100.00 per child =	\$ 2,700.00
Developmental Screening	\$ 50.00 per child =	\$ 1,350.00
Meaningful Parent Engagement	\$ 50.00 per child =	\$ 1,350.00
Curriculum	\$ 175.00 per child =	\$ 4,725.00
Administrative Costs	\$ 75.00 per child =	\$ 2,025.00
Travel for Staff	\$ 50.00 per child =	\$ 1,350.00
ABC Funding (60% State Portion)		\$ 42,000.00
Required 40% Match		\$ 28,000.00
Total of Funding and Match (Program Cost per 27 children)		\$ 70,000.00

State Cost per child	\$ 1,556.00
Total Annual Cost per child	\$ 2,592.59
Cost per day (178 days per year)	\$ 14.57
Cost per hour (7.5 hours per day)	\$ 1.94

2005-2006 ARKANSAS BETTER CHANCE PROGRAM - PROPOSED BUDGET - Attachment H

CHECK ONE:

PROGRAM NAME

**Home-Based
Center-Based**

ABC CORE COMPONENT	BUDGET LINE ITEM	(1) ABC Funds	(2) Budget for Matching Funds	(4) Source of Matching Funds (Be specific- writing "in-kind" is not sufficient.)
1. Well- Qualified and Compensated Staff	Coordinator/Program Manager			Match CANNOT be used here if amounts are less than core quality guidelines.
	Lead Teacher			
	Other Classroom Teacher			
	Paraprofessionals/HBE			
	"Permanent" Substitutes			
	Total Fringe Benefits			
2. Administrative Costs	Administrative Support Salary/Pay			
	Rent/Lease			
	Utilities			
	Telephone			
	Office Supplies			
	Copier/Duplication			
	Other:			
	Other:			
3. Nutrition and Meal Allow:				
4. Curriculum	Curriculum			
	Classroom (Do NOT include \$5K startup.)			
	Other:			
	Other:			
5. Meaningful Parent Involvement				
6. Child Transportation				
7. Professional Development	Trainings			
	Staff Travel			
(HIPPI/PAT only) Travel for H-Based Staff				
8. Developmental and Health Screening				
9. Child Assessment	Computer/Digital Camera			
	Internet Access			
	Other:			
	Other:			
SUBTOTALS FOR COLUMNS 1 and 2				<input checked="" type="checkbox"/> BUDGETED MATCH
THIS AMOUNT X 2/3				<input checked="" type="checkbox"/> REQUIRED MATCH

2005-2006 ARKANSAS BETTER CHANCE PROGRAM - PROPOSED BUDGET JUSTIFICATION - Attachment I

PROGRAM NAME

Total Center-Based
Slots Requested

Total Home-Based
Slots Requested

All expenditures of ABC funds must be listed, with justification/explanation included. For programs with multiple sites, please include a budget for each site plus one including all sites. The following is the format for justification. You should attach an additional page if more space is needed.

I. SALARIES (List all ABC personnel.)

Salary for classroom staff must be 100% paid with the state portion if amount is less than the CORE QUALITY MODEL. Salary amounts will be verified on expenditure reports.

NAME	POSITION	Years Employed	Salary	Fringe

II. PROFESSIONAL DEVELOPMENT (List all personnel, training, and associated cost.)

NAME	TRAINING	COST

III. DEVELOPMENTAL SCREENING (This should NOT include the cost of the comprehensive health screening.)

TYPE OF SCREENING USED	Total # of Children	Cost Per Child	TOTAL COST
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IV. PARENT/COMMUNITY ACTIVITIES (List activities.)

[illegible]

V. CURRICULA and LEARNING PROCESSES

CURRICULUM, MATERIALS AND SUPPLIES	COST

VI. OTHER (Detailed explanation is needed.)

DESCRIPTION	COST

VII. MATCH JUSTIFICATION

(CHECK ONE BOX)

[illegible]

**2005-2006 ARKANSAS BETTER CHANCE PROGRAM
ALLOWABLE ITEMS FOR MATCHING FUNDS (Attachment K)**

This list represents some of the allowable items for the required 40% local match. However, it is not an exhaustive list.
If you have questions about what items can be used for match, contact the ABC Fiscal Manager Dee Walker at 501-682-9699.

CANNOT BE USED

Rent on cafeteria or space other than classrooms

Purchase of outdoor or off-site storage facilities

SALARIES

Agency contribution for classroom staff if salary amounts meet core quality guidelines

Substitute teachers

Administrative personnel

Fringe benefits (taxes, insurance, retirement)

ADMINISTRATIVE COSTS

Rent on classroom space -- Maximum of \$350 per child

Utilities/Telephone

Office Supplies

Copying & Duplication

Postage

Internet service if not part of school intranet

DEVELOPMENTAL AND HEALTH SCREENINGS

\$50 per child for developmental screening

\$60 per child for the health screening if not paid for by AR Kids or private insurance

MEALS-SNACKS

Agency or District meal & snack contributions up to 100%

CURRICULUM

Any items given to program for use in ABC. If items are also used in other programs, use a pro-rated amount.

PARENT INVOLVEMENT

Refreshments and speakers at parent/teacher meetings

Parent/Grandparent/Volunteers in the classroom (You can use the amount of pay they would have gotten if you had been paying them.)

SUPPORT SERVICES

2005-2006 ARKANSAS BETTER CHANCE PROGRAM
POVERTY INCOME GUIDELINES (Attachment L)

	Head Start Eligible	Voucher Eligible	ABC ELIGIBLE
FAMILY SIZE	100% OF FEDERAL POVERTY LEVEL (2005)	156% OF FEDERAL POVERTY LEVEL (2005)	200% OF FEDERAL POVERTY LEVEL (2005)
1	\$9,570	\$14,929	\$19,140
2	\$12,830	\$20,015	\$25,660
3	\$16,090	\$25,100	\$32,180
4	\$19,350	\$30,186	\$38,700
5	\$22,610	\$35,272	\$45,220
6	\$25,870	\$40,357	\$51,740
7	\$29,130	\$45,443	\$58,260
8	\$32,390	\$50,528	\$64,780
9	\$35,650	\$55,614	\$71,300
10	\$38,910	\$60,700	\$77,820

2005-2006 ARKANSAS BETTER CHANCE PROGRAM
SAMPLE OF COLLABORATION AGREEMENT (Attachment M)

COMMUNITY COLLABORATION AGREEMENT

Name of City/Town/Community _____

Date _____

We the undersigned agree to work collaboratively for the benefit of all children in the community by engaging in joint collaboration in the following areas:

Child find and identification activities:

- ☐ Community Information Fair
- ☐ Developmental screenings
- ☐ Health screenings
- ☐ Sharing waiting lists for children when each program is filled to capacity
- ☐ Referral of children to appropriate services offered by partner entities
- ☐ Transitioning pre-K children into kindergarten
- ☐ _____

Community Activities:

- ☐ Library programs such as children's hour
- ☐ Holiday events such as Christmas programs or Easter egg hunts
- ☐ Field trips such as plays and the zoo
- ☐ Demonstrations of public services such as fire and police department
- ☐ _____

Data Gathering & Dissemination:

- ☐ General statistical information regarding our community make up
- ☐ Outcome information for existing programs for 3 and 4 year olds
- ☐ Determination of need for additional or reduction of services
- ☐ Development of county service directories
- ☐ Public meetings to obtain community input
- ☐ _____

Sharing of Resources:

- ☐ Transportation: _____
- ☐ Maintenance: _____
- ☐ Lunch/snacks: _____
- ☐ _____: _____

Parent Support:

- ☐ Share materials which provide assistance for families when needed
- ☐ _____

Other Areas of Collaboration:

- ☐ _____
- ☐ _____